

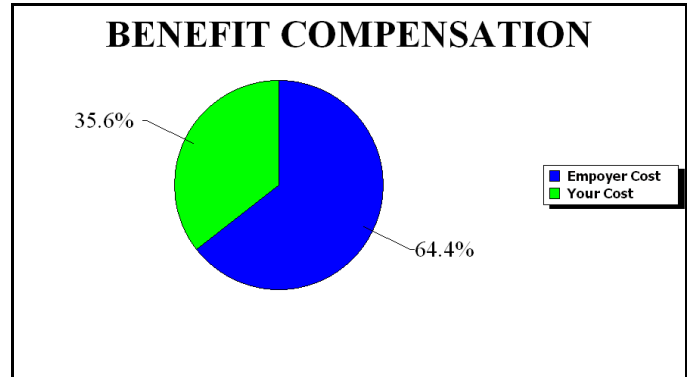
Test Co 1
Total Compensation Statement
For: Jay Pandolfo

Social Security # 444-44-4444

Date of Hire: September 01, 2001

Date of Birth: July 04, 1975

Program	Employer Cost	Your Cost
Medical	\$2,000	\$1,000
Dental	\$1,000	\$200
Vision	\$60	\$0
Life and AD&D	\$120	\$300
Short Term Disability	\$120	\$150
Long Term Disability	\$200	\$0
EAP	\$35	\$0
Workers Comp	\$100	\$0
Unemployment	\$800	\$100
Social Security/Medicare	\$7,500	\$7,500
Pension	\$10,000	\$0
401(k)	\$3,200	\$10,000
Programs Total	\$25,135	\$19,250



Employer Cost: \$34,827

Your Cost: \$19,250

Total Cost of Your Benefits: \$54,077

Paid Time Off	Employer Cost	Days
Holiday	\$3,231	10
Vacation	\$3,231	10
Sick	\$1,615	5
Personal	\$1,615	5
Paid Time Off Total	\$9,692	

Cash Compensation	Amount
Base Pay	\$80,000
Bonus	\$4,000
Cash Compensation Total	\$84,000

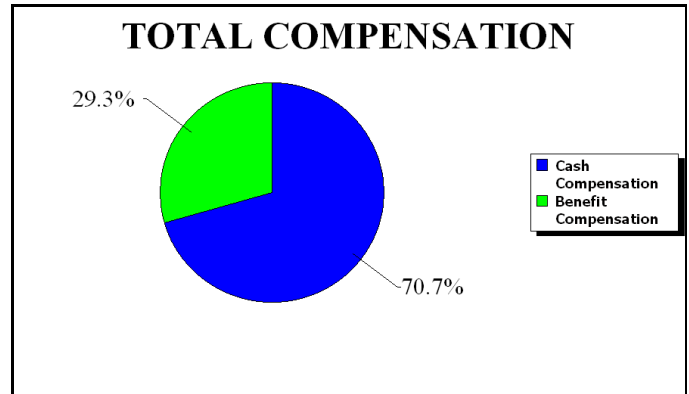
401(k) Profit Share Plan

You are currently contributing 15% of your pay before taxes.
 You are always 100% vested in the value of your contributions.
 You are 100% vested in the value of your employer's contributions.

Pension Plan*

Your estimated monthly benefit will be \$5000.
 Your estimated benefit assumes you continue working until your normal retirement date and have satisfied your vesting requirements.

* Based on balance as of: 03/23/2004



Benefit Compensation:	\$34,827
Cash Compensation:	<u>\$84,000</u>
Total Compensation:	\$118,827

ABOUT YOUR REPORT:

Projections based on data as of: 3/23/04

Report Run On: 4/6/04

Please review the information shown and report any discrepancies to your Human Resources Department. Every effort has been made to assure the information is accurate, however, this statement is subject to correction for any errors in data or benefit calculations. This statement presents a brief overview of your benefits, based on current plans and contracts. Your actual benefits are governed by the provisions of the legal plan documents.

Your Total Compensation Statement is brought to you by Absolute Resource Solutions, a United Benefit Advisors Member Firm.

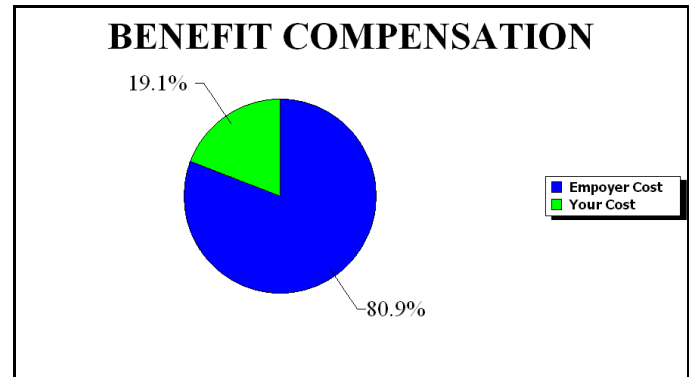
Test Co 1
Total Compensation Statement
For: John Madden

Social Security # 333-33-3333

Date of Hire: September 01, 2000

Date of Birth: April 01, 1977

Program	Employer Cost	Your Cost
Medical	\$0	\$0
Dental	\$500	\$100
Vision	\$150	\$0
Life and AD&D	\$120	\$0
Short Term Disability	\$50	\$100
Long Term Disability	\$0	\$0
EAP	\$35	\$0
Workers Comp	\$100	\$0
Unemployment	\$500	\$100
Social Security/Medicare	\$2,100	\$2,100
Pension	\$5,000	\$0
401(k)	\$1,200	\$1,200
Programs Total	\$9,755	\$3,600



Employer Cost: \$15,217
Your Cost: \$3,600
Total Cost of Your Benefits: \$18,817

Paid Time Off	Employer Cost	Days
Holiday	\$1,365	10
Vacation	\$2,731	20
Sick	\$683	5
Personal	\$683	5
Paid Time Off Total	\$5,462	

Cash Compensation	Amount
Base Pay	\$30,000
Overtime	\$5,000
Bonus	\$500
Cash Compensation Total	\$35,500

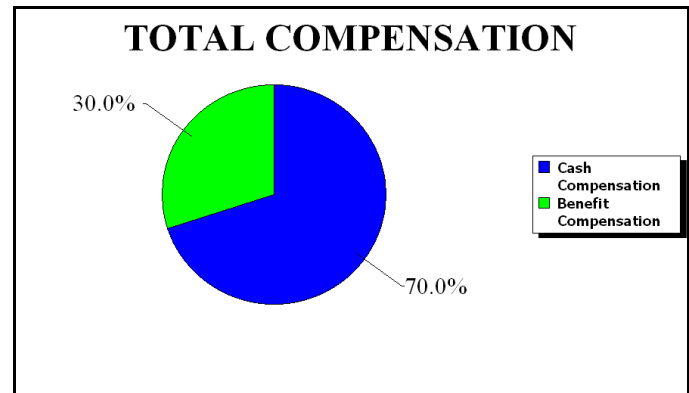
401(k) Profit Share Plan

You are currently contributing 5% of your pay before taxes.
You are always 100% vested in the value of your contributions.
You are 80% vested in the value of your employer's contributions.

Pension Plan*

Your estimated monthly benefit will be \$1600.
Your estimated benefit assumes you continue working until your normal retirement date and have satisfied your vesting requirements.

* Based on balance as of: 03/23/2004



Benefit Compensation:	\$15,217
Cash Compensation:	<u>\$35,500</u>
Total Compensation:	\$50,717

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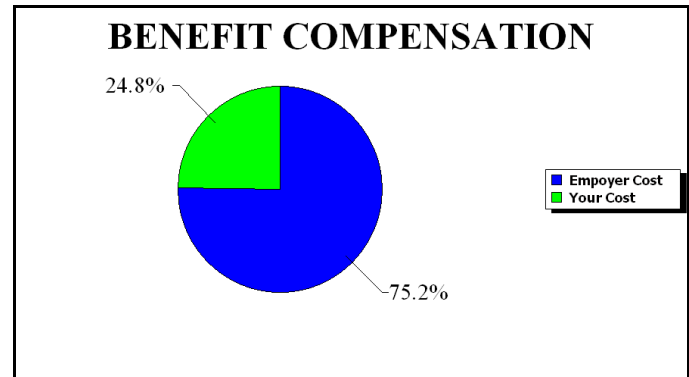
Test Co 1
Total Compensation Statement
For: Martin Brodeur

Social Security # 222-22-2222

Date of Hire: September 01, 1992

Date of Birth: January 01, 1974

Program	Employer Cost	Your Cost
Medical	\$5,000	\$2,000
Dental	\$0	\$0
Vision	\$100	\$0
Life and AD&D	\$120	\$400
Short Term Disability	\$300	\$150
Long Term Disability	\$300	\$0
EAP	\$35	\$0
Workers Comp	\$100	\$0
Unemployment	\$2,000	\$100
Social Security/Medicare	\$7,500	\$7,500
Pension	\$13,000	\$0
401(k)	\$8,000	\$13,000
Programs Total	\$36,455	\$23,150



Employer Cost: \$70,109
 Your Cost: \$23,150
Total Cost of Your Benefits: \$93,259

Paid Time Off	Employer Cost	Days
Holiday	\$9,615	10
Vacation	\$14,423	15
Sick	\$4,808	5
Personal	\$4,808	5
Paid Time Off Total	\$33,654	

Cash Compensation	Amount
Base Pay	\$200,000
Bonus	\$50,000
Cash Compensation Total	\$250,000

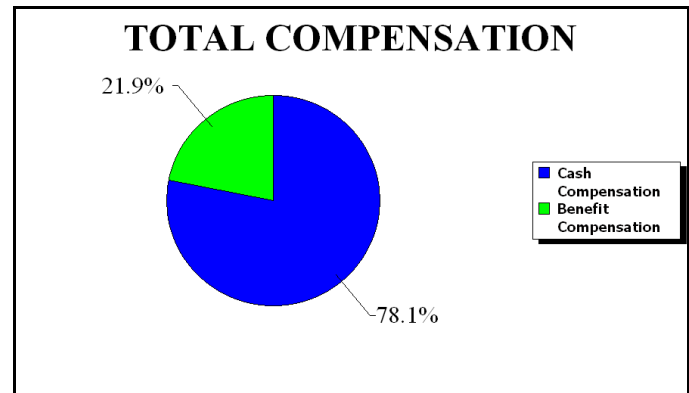
401(k) Profit Share Plan

You are currently contributing 10% of your pay before taxes.
 You are always 100% vested in the value of your contributions.
 You are 100% vested in the value of your employer's contributions.

Pension Plan*

Your estimated monthly benefit will be \$10000.
 Your estimated benefit assumes you continue working until your normal retirement date and have satisfied your vesting requirements.

* Based on balance as of: 03/23/2004



Benefit Compensation:	\$70,109
Cash Compensation:	<u>\$250,000</u>
Total Compensation:	\$320,109

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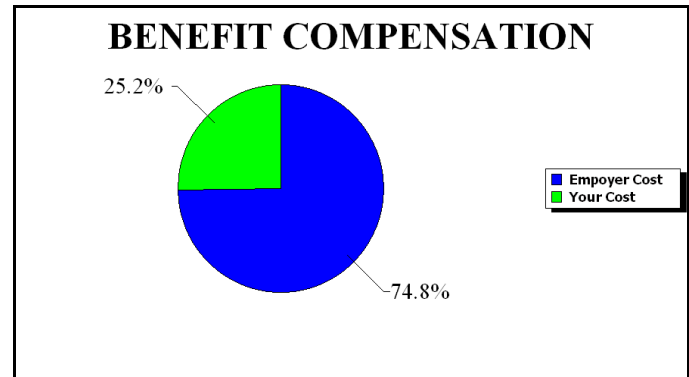
Test Co 1
Total Compensation Statement
For: Scott Stevens

Social Security # 111-11-1111

Date of Hire: September 01, 1989

Date of Birth: December 25, 1962

Program	Employer Cost	Your Cost
Medical	\$8,000	\$4,000
Dental	\$1,000	\$200
Vision	\$150	\$0
Life and AD&D	\$120	\$0
Short Term Disability	\$300	\$150
Long Term Disability	\$300	\$0
EAP	\$35	\$0
Workers Comp	\$100	\$0
Unemployment	\$2,000	\$100
Social Security/Medicare	\$7,500	\$7,500
Pension	\$13,000	\$0
401(k)	\$8,000	\$13,000
Programs Total	\$40,505	\$24,950



Employer Cost: \$74,159

Your Cost: \$24,950

Total Cost of Your Benefits: \$99,109

Paid Time Off	Employer Cost	Days
Holiday	\$9,615	10
Vacation	\$14,423	15
Sick	\$4,808	5
Personal	\$4,808	5
Paid Time Off Total	\$33,654	

Cash Compensation	Amount
Base Pay	\$200,000
Bonus	\$50,000
Cash Compensation Total	\$250,000

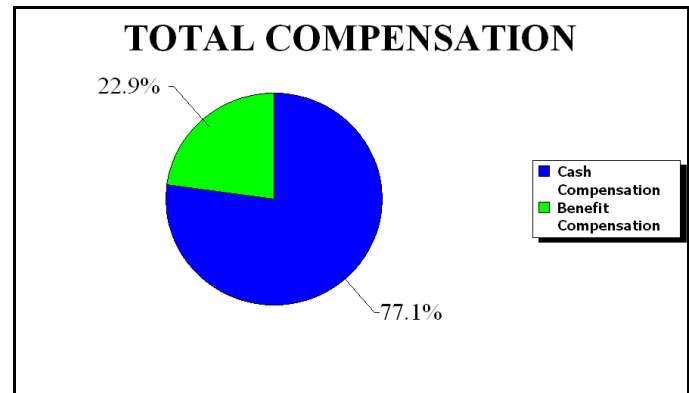
401(k) Profit Share Plan

You are currently contributing 10% of your pay before taxes.
 You are always 100% vested in the value of your contributions.
 You are 100% vested in the value of your employer's contributions.

Pension Plan*

Your estimated monthly benefit will be \$10000.
 Your estimated benefit assumes you continue working until your normal retirement date and have satisfied your vesting requirements.

* Based on balance as of: 03/23/2004



Benefit Compensation: \$74,159

Cash Compensation: \$250,000

Total Compensation: \$324,159

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